

LICENSE APPLICATION FOR HEALTH CARE INSTITUTION AND REQUIRED ATTACHMENTS CHECKLIST INITIAL

Your license application packet must include the following:

- ☐ Notarized License Application For Health Care Institution
- ☐ License Fee
- ☐ \$50.00 Application Fee (Please include name of facility/agency)
- ☐ Services and Staffing Provided Form
- ☐ Current Fire Inspection Report
- ☐ Resume for Administrator
- ☐ Lease Agreement (if applicable)
- ☐ Board of Directors or list of Officers of the Corporation
- ☐ Bed Count (if applicable)
- ☐ Accreditation Report and Cover Letter (if applicable)
- ☐ Certificate of Occupancy or Building Permit
- ☐ Zoning Authority Clearance (original with signatures)
- ☐ Floor Plan indicating exits and rooms being used
- ☐ Food Service Report (if applicable)
- ☐ Roster for T.B. and Fingerprinting of Home Health Agency staff.

NOTE:

1. DO NOT use correction fluid or correction tape on the license application. Applications must have original signatures. Photocopies of signatures will not be accepted.
2. The Application Fee must be made payable to the Arizona Department of Health Services. Please include the name of the facility/agency.
3. Accreditation Report must be from a Nationally Recognized Organization; such as: i.e.; JCAHO, AAAHC, AOA, CARF, AAASF, AABB, ASHI, CAP, COLA and CHAP. The report must include all surveyed locations.